

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.							
1	/		/				51						
2	/		/				52						
3		/	/	/			53						
4	/		/	/			54						
5	/		/				55						
6	/		/				56						
7		/		/			57						
8		/		/			58						
9	/		/	/			59						
10		/	/	/			60						
11	/		/	/			61						
12	/		/	/			62						
13	/		/	/			63						
14	/		/	/			64						
15		2	/				65						
16		/	/				66						
17		/	/				67						
18		①	/	/			68						
19			/				69						
20			/				70						
21			/				71						
22			/				72						
23			/				73						
24							74						
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41							91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	10	↓	6	↓		↓	TOTAL IND.		↓		↓		↓
TOTAL DEP.	9	↓	7	↓		↓	TOTAL DEP.		↓		↓		↓
TOTAL CLAIMS	19		13				TOTAL CLAIMS						